

RECEIVED

1746

Please type a plus sign (+) inside this box

JUN 1 1 2002

TC 1700

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/817,567

Filing Date Mar 26, 2001

First Named Inventor Wilson Harvey Smart

Group Art Unit 1746

Examiner Name Not Yet Known

Total Number of Pages in This Submission

Attorney Docket Number 299-004

RECEIVED

AUG 15 2002

TECHNOLOGY CENTER R3700

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☐ Amendment / Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/
Incomplete Application

☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53

☐ Assignment Papers
(for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a
Provisional Application
Power of Attorney, Revocation
Change of Correspondence
Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s)

☐ After Allowance Communication
to Group

☐ Appeal Communication to Board
of Appeals and Interferences

☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please
identify below):

Power of Attorney
Prepaid Return Post Card

Remarks

COPY OF PAPERS
ORIGINALLY FILED

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Gregory Smith & Associates

Signature

Date

May 24, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 5/24/02

Type or printed name JUNE MORENO

Signature

Date

May 24, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number 09/817,567

Filing Date 3/26/2001

First Named Inventor Wilson Harvey Smart,

Title SILICON LANCET DEVICE AND
METHOD OF CONSTRUCTION

Group Art Unit 1746

Examiner Name

Attorney Docket Number 299-004

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label here☒ Firm or
Individual Name

Gregory Smith & Associates

Address 3900 Newpark Mall Road, Suite 317

Address

City Newark State CA Zip 94560

Country US

Telephone (510) 742-7417 Fax (510) 742-7419

I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name Wilson Smart

Signature *Wilson Smart*

Date 5-17-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.